***No respectable doctor would EVER consider killing a patient intentionally. Would they?***

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**Second Opinion by Richard C. McPherson**

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Dr. Carson sat on the small swivel stool in the exam room, unable to summon his usual smile. He’d seen probably thirty patients so far this week, hundreds this year, thousands in his career, but this was the first one he thought he might be right to kill.

Looking at Luther Marker, with Police Chief Garrity standing at his side, Dr. Carson couldn’t block out the horrific details of Marker’s crime, and worse, the added details passed along by Chief Garrity, the ones too gruesome to be printed in the papers. A severely handicapped young Mexican boy had been tortured and slaughtered in his wheelchair in ways that were a boast of evil.

“It’s my belly, doc, hurts like hell,” Marker said, pointing. “Right here, and here.”

Dr. Carson looked into Marker’s eyes, seeking some explanation, some glimpse of a soul. Nothing. A dull emptiness, not even an animal. Without a word, the doctor slowly pushed Marker back on the exam table and probed his abdomen. He asked no questions, as if he would somehow be poisoned even speaking with the murderer. Alleged murderer, he reminded himself, although Chief Garrity had confided that DNA test results placed Marker at the bloody scene. He examined Marker’s hands, though there was no medical need. Were these the hands that wielded a butcher knife, the eyes that watched the life leave his helpless victim?

Marker growled, more threat than request. “My gut hurts. Do somethin’ for it.”

Instead of responding, Dr. Carson looked at Chief Garrity. He had always been able to separate the patient from the person, focus on the medical challenge – until today. He suspected a simple ulcer, but said only, “Well, I’ll order a couple of tests.” The confusion in his mind allowed him to say no more. “Chief, I’m leaving for a medical convention tomorrow morning, but I’ll only be gone two days. He can do the tests tomorrow and I should be back the same day as the results.”

“I told you, give me somethin’.”

The Chief cut him off, “Shut up, Marker. Doc?”

Still looking at Garrity, “You can give him some Tylenol.”

“Alright. Go ahead and order the tests. Tell your office to bill the city, we’ll start a tab for him.”

Dr. Carson went through the rest of his day in a fog, half of his mind on patients, the other half unable to disregard a once-unthinkable idea.

 Why should he help restore the health of a true monster, this brutal murderer? The Chief had confided the case was strong, but worried that a minor gap in the evidence would be exploited by lawyers, maybe get his sentence reduced, or even get him off. Could Doctor Carson ever look himself in the mirror if he helped Luther Marker and enabled him to slaughter again? Especially when he had another choice?

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Arriving at the Hyatt Hotel in Baltimore the following day, Dr. Carson made straight for the convention registration tables and asked if Robert Kincaid had registered yet.

“Let’s see, yes, Dr. Kincaid arrived this morning. In fact, he’s leading a panel on Advances in Cardiothoracic Surgery in about an hour. In the Chesapeake Room.”

Bob Kincaid was by far Dr. Carson’s closest friend, the two having developed a mutual affection and deep respect during their grueling residency in Chicago. Kincaid chose to remain in Chicago where he had become a highly sought-after heart surgeon, while Dr. Carson returned to the small-town Iowa world in which he grew up and still loved. He could tell Bob Kincaid anything, ask him anything.

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Kincaid was scanning a lavish seafood buffet when Dr. Carson approached him, grasped his elbow with urgency, and whispered, “I have to talk to you. Right away.” An embarrassed pause, “If you can.”

 Before they even finished sitting down at a quiet corner table, Dr. Carson unleashed a whispered stream of consciousness. His voice quavered and he felt relieved and terrified to say the unthinkable out loud. He mixed horrific details of Luther Marker’s crime with agonized laments about ethics and morality, good versus evil, the use or abuse of power, revenge versus justice.

Kincaid listened without interrupting, his silence deepening, alternately looking into Dr. Carson’s eyes and into his glass of water. He was quiet for a long time, glancing at Dr. Carson’s hands, which trembled. He finally spoke. “Have you ever heard of a Dr. Levine, Jacob Levine?”

“No, I don’t think so.”

 Kinkaid drew a breath. “He’s retired, actually quite a few years ago, must be 90 by now, but still volunteers for a free clinic in Washington. Comes to all the conventions, I expect he’s here.” His voice grew quieter. “There are rumors of something called the Second Opinion Committee. I don’t know if it even exists, but Levine is supposed to run it. It considers, uh, situations like yours.”

 “Good God! How on earth did Levine get mixed up in, in…”

 “In dispensing eye-for-an-eye justice, instead of medicine? Legend has it that he was fresh out of med school back in 1945, sent to the Army just in time to join the troops liberating the camps in Germany. He was with the first units into Auschwitz. Can you imagine being the first doctor to see that?” The two men looked at each other, Carson trying to fathom the shock of discovering so-called ‘medical’ experiments, unspeakable torture, mass executions. “Apparently, along with the liberated prisoners, he treated a couple of Nazi ‘medical’ officers. They didn’t make it.” A long pause. “At least that’s the story I heard.”

 Carson was slow to respond, still disbelieving he was even considering taking a life, the life of a patient. “I’ll see if he’s here.”

Kincaid stood, no longer smiling. “If you do talk to Levine, if it’s all true? I don’t want to hear about it.”

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Dr. Carson found Dr. Levine in the hall studying a pharmaceutical display, gathering free samples of a new headache medicine. He was slightly built with thin, white hair, but had the erect military bearing of a former soldier. He wore a slightly frayed brown wool suit despite the warm spring weather. He put a few samples in his pocket and turned as Dr. Carson approached him.

“Dr. Levine?” The old man nodded Dr. Carson searched the old gentleman’s cautious eyes. “I understand you sometimes advise on ethical issues, on, on…”

“Regarding, shall we say, terminal cases?”

“Yes, well, life-threatening cases.”

“You’re asking about alternative solutions, I gather?” When Dr. Carson nodded, their eyes met for several long seconds. “Let’s sit over here and you can tell me about your case.”

Sitting, then rocking back and forth in his chair, Dr. Carson described Luther Marker, the vast evidence of his bloody violence, and his complete lack of remorse or even recognition of the horror he personified. He stressed his concern that a jury might acquit Marker. Finally, he whispered that he was considering withholding treatment. Or perhaps even preventing the man from returning to society. Permanently. He stopped and let silence shroud the table, relieved that the next words would be Levine’s.

“Sometimes we are sought out by a force, almost cosmic - don’t laugh - to answer a call, a mysterious, inscrutable but undeniable call. It has to be exactly that, a call, not just an angry impulse or emotion.”

Dr. Carson slumped, felt dizzy when he finally asked, “You’ve had conversations with other doctors, about…” His voice trailed off.

“About treatment decisions? I can’t discuss that and would never discuss any private conversations. Including this one.” His appearance was frail, but his voice was clear as a bell. “Dr. Carson, it’s my opinion you are sensing the call, the summons to duty we discussed.” He paused and wiped his glasses with a crisp, white handkerchief. “I must now ask, is the call overwhelming? Has it become the sole focus of your waking thoughts? Because if so, you have your answer. To deny the call, when you are the only one in a position to eradicate a true evil, then you will answer for the rest of your life for this man’s future actions.”

“But he’ll be tried before a jury.”

“Yes, trials have great value, are a testament to civilization. But are you willing to exchange certain justice for the chance that a dozen ordinary people, in the hands of clever lawyers, skilled sewers of doubt, will see the truth, see their duty?” Levine’s voice was soft but with a steel certainty. “The Nuremberg Trials sentenced many Nazis. But some were never called to account. The certainty of my purpose became clear at Auschwitz. When I returned to America and saw evil flourishing in certain demonic criminals, I merely continued my work.”

Dr. Carson sat mute. Finally, “I’ve never even considered taking a life.”

Levine lay a soft hand on Dr. Carson’s arm. “Doctors decide every day who lives. Ours is a noble profession, no doubt the noblest. Saving a life must always be our first instinct, our solemn duty. But your situation has opened your eyes to another, equally solemn but conflicting duty.”

“I don’t even know what possessed me to talk to you.” Dr. Carson bowed his head, eyes flooded by tears.

Levine patted his arm. “Of course you do young man, of course you do.”

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The next morning, sitting up stiffly in his bed after a fitful, eternal night, Dr. Carson rubbed his throbbing temples and noticed than an envelope had been slipped under his door. He picked it up, opened it with foreboding, and read the note inside. It was written on a hotel notepad by a fragile hand: “We researched your practice and your background, and the news reports of the patient we discussed. We support your diagnosis and treatment plan. Best wishes, and welcome to the Committee.”

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Back in his office two days later, Dr. Carson ignored the stack of pink phone message slips and dialed police headquarters. “Hello, Chief, I just called to say I have Luther Marker’s test results. Do you have a minute?”

“Is there anything actually wrong with him?”

Dr. Carson drew a breath, reciting the lie he had practiced all morning. “It appears he has an intestinal infection known as *clostridium difficile*. It used to be found mostly in hospitals or nursing homes, hits old people usually. But it’s started to appear more randomly.”

“Is it serious?”

Dr. Carson struggled to keep his voice steady. “The bacteria that causes it are very resistant to antibiotics. I’ll give him aggressive, broad spectrum antibiotic treatment, but his disease is very advanced.”

“Damn. Could he die from it?”

“Several thousand people die of it every year. I’ll do what I can. You don’t need to bring him in, I’ll stop by this morning and give him the antibiotic injections at the jail.”

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In his cell, Marker barely acknowledged Dr. Carson’s brief explanation, only grunted when the two shots were administered as the Chief and a deputy looked on. Dr. Carson felt a calmness, a kind of terrible resolution. The man would never kill again. Neither would he, he swore to God.

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Dr. Carson sat in front of his television, numb. He didn’t know himself anymore. He clicked the mute button on. Then he clicked it off. Then on. Then off, the clicking synchronized with his pulse. He paused and left the sound off when he saw a picture of Luther Marker on the screen with a caption: “Alleged murderer found dead in jail cell.”

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“It was a mistake.” Chief Garrity’s words rang as loud as church bells in Dr. Carson’s ears. It had been three days since Marker’s death, and Dr. Carson encountered the Chief as they were putting gas in their cars.

 Dr. Carson croaked, “What do you mean?”

“It’ll be in the papers tomorrow. Marker’s DNA was at the crime scene, there’s no doubt he was there, but another man has been charged. An inmate at the state penitentiary at Fort Madison told the warden he heard another inmate talking about ‘wasting that gimpy wetback kid in Charles City,’ and laughing that Marker was charged with the crime.”

Dr. Carson struggled to manage a controlled tone. “You’re sure?”

“We did a DNA check on the new guy, a real nasty piece of work, doing time for rape and assault. He’ll be tried this fall.” Dr. Carson remained silent. Chief Garrity added, “Well, Luther Marker was a cold bastard, had done his share of violence, was no loss to humanity.”

Dr. Carson whispered almost to himself, shut his eyes tight. “Good God, a mistake.”

Chief Garrity looked puzzled. “It’s not your fault he’s dead, Doc.”

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Dr. Carson seemed unchanged in the days that followed, perhaps a little quieter than unusual. But inside he felt as if he had been sentenced to life on some cruel, twilight planet. Two days after Chief Garrity’s revelation, Dr. Carson was watching a symphony performance on television, when he let out a series of explosive sobs, which vanished as quickly as they had appeared. It happened again as he climbed into bed, accompanied by one of the vicious headaches which had become his constant companion. He had to do something.

Stumbling to his dresser, he picked up his cell phone and texted Dr. Levine. He had to contact the Second Opinion Committee, ask if this had ever happened before, ask if he could talk to Dr. Levine, to someone.

The next day passed without a reply, deepening Dr. Carson’s sense of isolation. He felt like some powerful steel spring was winding tighter inside him, dominating his entire existence. Breathing became work, work became almost impossible.

The stress was so enormous, the distraction so total, that he missed his own symptoms, warning signs which would have been obvious even to a second-year med student. The ominous headaches, fended off with painkillers. Slight dizziness, ignored as a sign of stress. Then, finally, the piercing, demanding pain, sudden weakness, the right side of his head white-hot. He stood motionless in his office, alone, aware the pain would strike again, perhaps within minutes, maybe even seconds. His mind, almost that of a stranger, retrieved the words without effort from his medical lexicon: a cerebrovascular accident, a CVA. A stroke. Pulse pounding, he was afraid to move, hoped the terror would pass in stillness. He inhaled a shallow breath and took a hesitant step toward the door to his receptionist, and it hit. He fell like a tree, legs buckling where he stood.

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When Dr. Carson awoke, he recognized the tubes, monitors, and paraphernalia surrounding his hospital bed, sheets a blinding white. How long had he been out? He remembered falling, calling out his receptionist’s name, not sure if he actually spoke or just slurred a plaintive cry.

He tried to reach for the nurse’s call button, but his arm didn’t move. Confusion turned into certainty, concern into panic. He tried to call out, but no sound came. He tried to calm himself, professionally assess the extent of the damage, his paralysis. Breathing seemed okay. Vision and hearing seemed normal. Then an arm, his legs. Nothing. He tried to speak, nothing. Tried again to whisper a word. Nothing.

 As he repeated the silent inventory of his body, a nurse entered on her rounds. “Oh, Dr. Carson, I’m so glad you’re awake. I’ll call Doctor Shea, he’s on duty today, I’m sure you know him.”

 A tall, balding doctor entered the room, smiling hopefully, and briefed Dr. Carson on his condition, the stroke, and its aftermath. He concluded, “Your vitals are fairly good, but we’re keeping a close eye. We’ll keep you on a thinner.” Dr. Carson held Shea’s eyes, unable even to nod. “A friend of yours is here, a Dr. Levine. He’s visiting an AMA Chapter meeting in Des Moines and heard you were ill. He detoured to see how you are. He mentioned that you both serve on some committee.” Shea chuckled. “He still carries his bag, very sweet, really old school. Probably even made house calls back in the day. I thought I’d send him in, he came so far and seemed so concerned.”

As Dr. Shea left, he held the door for Dr. Levine, who scanned the monitors, then looked at Dr. Carson as if he were searching for evidence. His bedside manner was comforting. “I’m so sorry to see you like this, but don’t worry. I was on my way to talk to you about the, ah, mistake you mentioned in your message to the committee.” Dr. Levine moved closer to the bed, drew up a chair, patted Dr. Carson’s arm.

“I know you can’t speak, but perhaps you can nod, or blink, if you understand me.” Dr. Carson managed to blink. “Are you absolutely certain it was a mistake, your treatment of the case we discussed? Answer carefully, it’s very important. Blink once for yes.”

Dr. Carson’s eyes filled with tears as he blinked.

Another pat from Dr. Levine. “It’s extraordinarily rare that the Committee makes a mistake, but there’s a procedure for handling it.” Reaching into his worn black bag, he withdrew a needle and syringe, held it up to the light and tapped it gently. Dr. Carson’s eyes grew wide. He could feel more tears streaming. He strained to move or speak as the elderly doctor leaned over the bed, gently taking Dr. Carson’s arm in a soft, liver-spotted hand, holding the needle in the other. His voice was soothing, comforting, confident. “It will be over quickly. There’s a procedure, you see, for Committee members, for mistakes. It’s important we follow the procedure. I’m sure you understand.”



*First published in* ***Conversations, An Anthology****, Unleash Press 2022*